



PTO/SB/05 (04-04)

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(ONLY FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 CFR 1.53(B))</small>		<b>Attorney Docket No.</b> 50657-00004USPT
		<b>First Inventor</b> Robert G. Schaub
		<b>Title</b> HEMOPHILIA TREATMENT BY INHALATION OF COAGULATION FACTORS
		<b>Express Mail Label No.</b>

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input type="checkbox"/> Specification <span style="float:right">[Total Pages _____]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float:right">[Total Sheets _____]</span></p> <p>5. Oath or Declaration <span style="float:right">[Total Sheets _____]</span><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> SIGNED STATEMENT ATTACHED DELETING INVENTOR(S) NAMED IN THE PRIOR APPLICATION, SEE 37 CFR 1.63(D)(2) AND 1.33(B).</li></ul></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align:center"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee) Attorney</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Cert. of Mailing, return postcard</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number: 24238	OR	<input type="checkbox"/> Correspondence address below
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Signature			Date July 9, 2004

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Dated: July 9, 2004

Signature: (Diane Bergin)



PTO/SB/92 (08-03)

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Application No. (if known): 10/820,656

Attorney Docket No.: 50657-00004USPT

## Certificate of Mailing under 37 CFR 1.8

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Diane Bergin

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Application Data Sheet; Cert. of Mailing; return postcard



IFW

**Supplemental Application Data Sheet****Application Information**

Application number:: 10/820,656  
Filing Date:: 04/08/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?: None  
Sequence submission?: None  
Computer Readable Form (CRF)?:: No  
Title:: HEMOPHILIA TREATMENT BY  
INHALATION OF COAGULATION  
FACTORS

Attorney Docket Number:: 50657-00004USPT  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 5  
Total Drawing Sheets:: 9  
Small Entity?: No  
Petition included?: No  
Secrecy Order in Parent Appl.?: No

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**Representative Information**

Representative Customer Number:: 24238

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/461,460	04/09/03

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